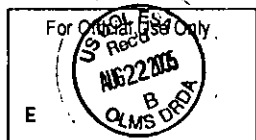


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>14064</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>Mohlis</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>12812 NE Marx</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97230-1067</u>	4. Name, file number, and address of labor organization. Name <u>BAC Local #1 of Oregon</u> Labor Organization File Number <u>035-082</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>12812 NE Marx</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97230-1067</u>
5. Position in labor organization. <u>Business Manager / Financial Sec.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On 8/11/2005
Date

503 232-0358
Telephone Number

Name of Person Filing John Mohlis	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Masonry Welfare Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **9848 E Burnside**

City **Portland**

State **Oregon** ZIP Code + 4 **97216-2330**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits

11.b. Approximate dollar value of such dealing.

\$6,760,325

12.a. Nature of interest held or income received.

Trustee Expenses

(Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration, Inc.)

12.b. Amount.

\$344

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing John Mohlis

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northwest Bricklayers Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9848 E Burnside

City Portland

State Oregon

ZIP Code + 4 97216-2330

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits

11.b. Approximate dollar value of such dealing.

\$4,660,151

12.a. Nature of interest held or income received.

Trustee Expenses

(Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration, Inc.)

12.b. Amount.

\$581

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Oregon SW Washington Mason Trades JATC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12812 NE Marx

City Portland

State Oregon ZIP Code + 4 97230

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits

11.b. Approximate dollar value of such dealing.

\$276,343

12.a. Nature of interest held or income received.

Trustee Expenses

12.b. Amount.

\$1,320

Name of Person Filing John Mohlis

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Quest Investment Management, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One SW Columbia, Suite 1100

City Portland

State Oregon ZIP Code + 4 97258

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masnry Industry Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9848 E Burnside

City Portland

State Oregon ZIP Code + 4 97216-2330

11.a. Nature of such dealing.

Investment Management

11.b. Approximate dollar value of such dealing.

\$250,826

12.a. Nature of interest held or income received.

Meals & Beverages for Business Meeting

12.b. Amount.

\$57

Name of Person Filing John Mohlis

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 120 Montgomery Street, Suite 500

City San Francisco

State California ZIP Code + 4 94104-4308

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masonry Industry Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9848 E Burnside

City Portland

State Oregon ZIP Code + 4 97216-2330

11.a. Nature of such dealing.

Actuarial Services

11.b. Approximate dollar value of such dealing.

\$84,009

12.a. Nature of interest held or income received.

Meals & Beverages for Business Meetings

12.b. Amount.

\$27

Name of Person Filing John Mohlis

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bradley L. Middleton, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6950 SW Hampton Street, #250

City Tigard

State Oregon ZIP Code + 4 97223

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Legal Services

11.b. Approximate dollar value of such dealing.

\$8,800

12.a. Nature of interest held or income received.

Meals & Beverages for Business Meeting

12.b. Amount.

\$18

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Dougherty Petroff and Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1750 SW Harbor Way, Suite 400

City Portland

State Oregon ZIP Code + 4 97201-5167

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NW BAC Defined Contribution Retirement Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1750 SW Harbor Way, Suite 400

City Portland

State Oregon ZIP Code + 4 97201-5167

11.a. Nature of such dealing.

Third Party Administrator for Defined Contribution Retirement Trust

11.b. Approximate dollar value of such dealing.

\$18,000

12.a. Nature of interest held or income received.

Baseball Tickets

12.b. Amount.

\$120



International Union of
Bricklayers & Allied Craftworkers

LOCAL 1 OF OREGON

12812 NE Marx Street • Portland, Oregon 97230

Phone (503) 232-0358 • Fax (503) 238-6644

Oregon & Washington 1- 800-224-0358

August 15, 2005

U.S. Department of Labor
ESA - OLMS
200 Constitution Avenue NW
Room N-5616
Washington, DC 20210

Please find enclosed a revised Form LM-30 for John Mohlis of BAC Local #1 of Oregon. This revised copy includes Page 8, which was erroneously omitted from the previous mailing on August 12, 2005. If you should have any questions, please feel free to contact me.

Sincerely,

John Mohlis
Business Manager

JM/tj

Misc/LM-30.081505